

January 25, 1955

TO: LEGAL COUNSEL

As a part of the material we have been assembling here, we have been receiving items which do not logically belong with the material in the volumes on lung cancer.

Some time ago, we sent you a binder which at that time we labeled, "Air Pollution — Volume V". While we have some additional material for this classification, there is not enough to fill this binder. We are enclosing herewith a set of dividers and a new label for this binder. We believe these are self-explanatory.

We are also enclosing two items which should be placed in Volume V, in the section on "Statistical Analysis".

In the letter to the editor written by Dr. L. Henry Garland of San Francisco, published in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, January 15, 1955, Dr. Garland emphasizes that the hazard of acquiring lung cancer due to cigarette smoking is not an important hazard in the general public health.

The report entitled "The Risk of Developing Lung Cancer and Its Relation to Smoking", written by Drs. Cutler and Loveland of the National Cancer Institute, seems to us to be extremely important. This is the type of statistical evaluation relied upon by Wynder in his contention that "One out of ten heavy smokers will acquire lung cancer".

Their statistical analysis is based upon an assumption that the data found in the published material are accurate. They also translate all smoking into terms of cigarette smoking and treat three studies used by them in this report as being identical in validity.

It seems to us to almost be impossible to further condense this report and provide an understanding of what they show. It requires extremely careful reading to understand it. Some parts are vague even with study.

I would call your particular attention to the method of arriving at what they call lung cancer incidence and the showing on projected death rates of cohorts which indicate by their method of figuring that there will be a decreasing rate of increasing incidence starting about now. You will note too, on Page 205, in the third paragraph, the statement concerning their estimate of probable development of cancer of the lung in individuals born in 1910. You will find also in the last sentence on Page 207, the statement that 80 out of a thousand may be expected to develop lung cancer by age 80. Variations between the different studies are shown in Table 3 on Page 208. It seems particularly important that in the analysis of the Wynder and Graham material, the total developing lung cancer at ages 60 and 70 is greater than the over-all prediction. Note also in this table

that there are broad variations between the three studies even though each has been analysed in the same fashion.

We are also enclosing a new binder labeled, "1955 — Volume VI", with the first item for 1955, which is a comment on the difficulties of determining whether or not a lung cancer is primary or has metastasized from some other part of the body.

A. Grant Clarke

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